

Amendments to the Specification:

Please replace paragraph [0015] with the following amended paragraph:

[0015] For example, FIGURE 1 depicts a diagram illustrating a PPO plan and major medical coverage 100 provided by an insurance company 102 in accordance with the prior art. The prior art includes an insurance company 102, one or more individuals (members) 104 either individually or part of a group and one or more service or product providers 106. The individual 104 pays a premium 108, which includes enrollment in a PPO Plan and major medical coverage, to the insurance company (PPO Plan and Major Medical Plan) 102. All or part of the premium 108 may be paid by the individual's 104 employer or business. The premium 108 may also include coverage for a spouse and dependents. When an individual 104 or a family member obtains health/medical services or products from a service/product provider 106, the individual 104 typically pays a co-pay 110 to the service/product provider 106 when the services or products are covered by the PPO Plan. If, however, the service or product is not covered by the PPO Plan, but is covered by the major medical coverage, the individual 104 typically pays a deductible up to a maximum out-of-pocket expense limit. The insurance company 102 then pays the service or product provider 106 based on contractual price list (PPO Fee) or what is deemed as usual and customary charges (Major Medical Payment) for the product or service in the particular geographic area (collectively shown as 112). Note that there can be a significant delay and administrative overhead associated with obtaining payment 112 from the insurance company 102.

Please replace paragraph [0039] with the following amended paragraph:

[0039] Now referring to FIGURE 3, a data flow diagram 300 in accordance with one embodiment of the present invention is shown. The medical service/good providers ~~302~~ 106 (collectively referred to as a pool of service/good providers) that wish to participate in the PPO BUSTERS program will be able to do so in one of two ways; either by

obtaining a Basic Listing 306 or a Premium Listing 308, as illustrated by decision block 304. A basic listing 306 is defined generally as being free to the participant and a premium listing 308 is defined generally as including a payment for the advertising services associated with the premium listing 308. The basic listing 306 may include, for example, general information about the medical service/good provider ~~302~~ 106, such as name, address, phone number, office hours and minimal practice description, etc. The premium listing 308 may include in addition to the general information, for example, a link on a global telecommunications network to a medical providers special PPO BUSTERS web-page or a pre-stored advertising. The web-page will be a standardized layout that displays a picture of the provider, the provider's mission statement, a short biography, a picture of their facility, maps to the facility, etc. This web-page will be a way for a PPO BUSTERS member 314 to become more familiar with the medical service/good providers ~~302~~ 106 offered and help them make a more informed choice. In essence, it is a way for the medical service/good provider ~~302~~ 106 to advertise themselves. A portion of the payment for the premium listing 308 may enter a multi-level or network advertising payment system. The basic listings 306 and premium listings are stored on a server 310. The server 310 may be a single computer, data storage device or a distributed network of computers that allow appropriate access to the information stored on the server 310.

Please replace paragraph [0040] with the following amended paragraph:

[0040] After the median PPO rate for a particular community has been determined, a price list 312 containing the published rates of services will be made available via the server 310. The term published rates does not necessarily mean that all rate information is public information available to everyone. For example, the published rates for one community may not be available to members 314 or medical service/good providers ~~302~~ 106 in another community. If a medical service/good provider ~~302~~ 106 wishes to offer PPO BUSTERS members ~~344~~ 104 (collectively referred to as a pool of members) its services, the provider may sign an agreement to do so at the published fees and obtain a

free Basic Listing 306 on the PPO BUSTERS Internet website via server 310. When a PPO BUSTERS member ~~314~~ 104 wishes to find a provider ~~302~~ 106 in their area, they will go to the PPO BUSTERS Internet website via server 310 and input their zip code and desired services category, at which point all the medical services providers ~~302~~ 106 signed up with PPO BUSTERS in their area will be displayed. The PPO BUSTERS Internet website may also include information and advertisements from advertisers 316, such as pharmaceutical companies. The advertisements can be provided to the members 314 based on stored preferences, search terms or search results.

Please replace paragraph [0041] with the following amended paragraph:

[0041] As shown in FIGURE 4, the PPO BUSTERS system, method and apparatus 400 may be integrated into an existing multi-level marketing company, with a large existing base of potential members and/or an insurance company, which see the value of PPO BUSTERS vision and is not currently involved with a PPO. The system 400 may include charging a membership fee to each member 104 in the PPO Busters pool of members ~~314~~, much of which may be paid into a MLM marketing network or matrix, so that members that wish, can build substantial new businesses that can provide for their long term financial security. A portion of the membership fee may also be paid to PPO BUSTERS. The benefits of a MLM marketing system are known and understood. A MLM marketing network may also be provided to the providers 106 in the pool of medical service/good providers ~~302~~.

Please replace paragraph [0043] with the following amended paragraph:

[0043] A premium listing 308 may cost the medical service/good provider ~~302~~ 106, e.g., \$500.00 per year, much of which may be paid into a MLM marketing matrix. Medical service/good providers ~~302~~ 106 who obtain premium listing 308 may automatically be enrolled in the PPO BUSTERS MLM marketing plan. The faster the medical provider network grows the easier it will be to expand PPO BUSTERS membership roles. One of

the faster ways to build a medical providers network would be to compensate the medical service/good providers ~~302~~ 106 who share the PPO BUSTERS program with other medical service/good providers ~~418, 420, 422, 424 and 426~~ 106 that also face the same problem PPO problems and have a common goal of regaining their practices. With a reoccurring \$500.00 listing fee, the MLM compensation side of the model for a medical service/good provider ~~302~~ 106 will not be something that will be easily dismissed. Medical service/good providers ~~302~~ 106 could also display information about PPO Busters at their receptionist desk and in their waiting area. Because of the PPO's, most medical service/good providers ~~302~~ 106 have experienced a reduction in net income and many are looking for additional way to increase their take-home revenue. PPO BUSTERS offers an easy natural way for medical service/good providers ~~302~~ 106 to increase substantially their revenue. PPO BUSTERS may also provide members with identification cards and other benefits, such as network dispute resolution services, specials and discounts on third party goods and services.

Please replace paragraph [0044] with the following amended paragraph:

[0044] The Premium Listing 308 web-pages may be generated by an automated system that will let the listing medical service/good provider ~~302~~ 106, e.g., fill in the blank sections and upload JPEG images that are incorporated in the standard PPO BUSTERS premium listing format. Off the shelf software is available that accommodates this function for PPO Busters.

Please replace paragraph [0045] with the following amended paragraph:

[0045] The basic listings 306 and premium listings 308 for providers, pharmacies, or drugs may be displayed on a computer screen on the Internet, with the list looking like a telephone directory listing, with a list of provides displayed in a vertical line format. The basic listings 306 may be in regular case black font and the premium listings ~~348~~ 308 may be in a larger hyperlink font of a different color so that when the hyperlink is clicked

with a mouse, it takes them to a pop-up advertising page of the vendor, provider or manufacturer. The direct point-of-sale system may include a referral network of pharmacies divided into premium listings 308 and basic listings 306, wherein the premium listing 308 could also be sold to pharmacies so they could compete head to head with other pharmacies in the network, and may include a customized page on a global telecommunications network and wherein the customizable page further include one or more advertising links to an advertiser 316, e.g., a vendor, a service provider, a drug manufacturer or any other entity that wants to advertise to the members ~~402~~ 104.

Please replace paragraph [0046] with the following amended paragraph:

[0046] Now referring to FIGURE 5, a revenue flow chart 500 in accordance with one embodiment of the present invention is shown. The network provider 204 or PPO BUSTERS receives revenue from the pool of members ~~344~~ 104 through membership fees 210, advertisers 316, such as pharmaceutical companies, through advertising fees 506, and medical service/good providers 106 for premium listings 308 through premium listing fees 508. There is no charge to medical service/good providers ~~302~~ 106 for basic listings 306. Additional revenue 510 may also be obtained through a new MLM of medical service/good providers 302.

Please replace paragraph [0055] with the following amended paragraph:

[0055] Now referring to FIGURE 9C, a flow chart showing the steps 960 performed by a member 104 in accordance with another embodiment of the present invention (FIGURE 8) is shown. The member 104 pays a membership fee to join the pharmacy benefit manager ~~804~~ and/or PPO BUSTERS in block 664. When the member 104 needs pharmaceuticals, he or she searches the pharmaceutical list, which includes listings, educational information and pricing, using various well known criteria in block 964. The member 104 then selects a pharmaceutical in accordance with a prescription and reviews the listing (basic or premium) and price list for the selected pharmaceutical in block 966.

In addition, the member 104 can use the present invention to research drugs and pharmaceutical companies prior to or after seeing a health care provider. The member 104 then provides prescription verification and information to the pharmacy benefit manager and pays the discount price in block 968 and receives the pharmaceuticals in block 970. The order and payment process can be accomplished using the Internet or a dial up service. Alternatively, the member 104 can take the prescription to a branch or authorized agent of the pharmacy benefit manager to receive and pay for the pharmaceuticals.

Please replace paragraph [0056] with the following amended paragraph:

[0056] Referring now to FIGURE 10, a diagram illustrating a PPO/major medical plan 1000 provided by an insurance company 102 in accordance with another embodiment of the present invention is shown. PPO BUSTERS 1000 includes an insurance company 102 that provides major medical and is the network provider, individuals 104 and medical service/good providers 106. As previously described, individuals 104 pay a membership fee 210 to the insurance company 102 and/or PPO BUSTERS in order to join the program and access the medical service/good provider listing and discount price list 208. The individual 104 can also pay a major medical premium 108 to the insurance company 102. Note that the membership fee 210 and the major medical premium 108 can be combined into single or periodic payments. In addition, all or part of the membership fee 210 and major medical premium 108 may be paid by the individual's 104 employer or business. The membership fee 210 and major medical premium 102 may also include coverage for a spouse and dependents. The medical service/good provider listing 208 is created and maintained by the insurance company 102 or its agents and contains, in part, information provided by the medical service/good providers 106. The medical service/good providers 106 provide this information to the insurance company 102 when they join PPO BUSTERS by agreeing to the terms and conditions of the insurance company 102, such as agreeing to only charge individuals 104 of PPO BUSTERS the discount price 212. The individual 104 pays the discount price 212 to the medical

service/good provider 106 when the goods or services are rendered. The individual 104 can “look up” the discount price on the discount price list 208 prior to contacting the medical service/good provider 106. Once the deductible is reached, the insurance company 102 then pays the medical service/product provider 106 based on what is deemed as usual and customary charges (Major Medical Payment ~~4040~~ 258) for the product or service in the particular geographic area.

Please replace paragraph [0059] with the following amended paragraph:

[0059] Now referring to FIGURE 11C, a flow chart showing the steps 1160 performed by a member 104 in accordance with another embodiment of the present invention (FIGURE 10) is shown. With respect to the PPO BUSTERS part of the plan, the member 104 pays a membership fee to join the member-provider network in block 664. With respect to the major medical part of the plan, the member 104 pays major medical premiums to the insurance company in block 1164. When the member 104 needs medical services or goods, he or she searches the medical service/good provider list using various well known criteria, such as area and services/goods provided, in block 666. The member 104 then selects a medical service/good provider and reviews the listing (basic or premium) and price list for the selected medical service/good provider in block ~~44~~668. If the medical service/good provider is acceptable, as determined in decision block 670, the member 104 contacts the selected medical service/good provider in block 672. If, however, the medical service/good provider is not acceptable, as determined in decision block 670, the member 104 can narrow the search parameters or perform a new search in block 1166 and repeats the process. Once the member 104 contacts the medical service/good provider in block 672, the member 104 receives the goods or services from the medical service/good provider in block 674. If the member's deductible has not been reached, as determined in decision block 1148, the member 104 pays the medical service/good provider for the goods or services provided based on the price list at the time of delivery up to the member's annual deductible amount in block 1178. If, however, the goods or services are covered by the major medical part of the plan because

the deductible has been reached, as determined in decision block 1148, the insurance company pays the medical service/good provider for the goods or services provided that exceed the member's deductible in block 1180. Note that the member's deductible may include a per visit deductible, 80%/20% deductible and/or maximum out-of-pocket expense cap.